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Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-18-09

Address: 3820 MOSQUITO CREEK RD.

Case #: 96-04096

LACONTIA, IN.

County: HARRISON

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☒ Outbuilding ☒ Open - No Structure
☐ Vehicle ☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☒ Red Phosphorous/Iodine Reaction(s): RESIDENCE
☒ Flammable Solvents: RESIDENCE
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Hydrochloric Acid Gas Generator(s): RESIDENCE
☒ Corrosive Acid: RESIDENCE
☒ Corrosive Base: RESIDENCE
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☒ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: BOONE TWP

Fax: 737-1952

Health Department: HARRISON

Fax: 738-4292

Child Protection Service: HARRISON

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: KATRINA SMITH Phone 812-246-5424

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.